



THE CMDP REVIEW

Comprehensive Medical and Dental Program Bi-Annual Communiqué for ACYF, DJC, AOC/JPO

FALL EDITION

NOVEMBER 2003

Welcome to the 2003 Fall Edition of the CMDP REVIEW newsletter.

The CMDP Handbook for CPS Case Managers, Juvenile Probation and Parole Officers provides instructions on getting health care services for members. The handbook also has information on our program. If you do not have a copy of this handbook, please contact the Member Services Department at 602-351-2245 or 1-800-201-1795.

The DES website has a link to CMDP. The link for CMDP is based on information in the current **Member Handbook**. The **Provider Manual** and the **Provider Directory** are new additions to this site.

The website address is http://www.de.state.az.us/dcyf/cmdpe/. We are making every effort to provide information on CMDP in a variety of ways to reach as large an audience as possible. If you have any questions about the websites or CMDP in general, please contact us.

Payment For Services

CMDP pays the claims for the health care services members receive from registered health care providers. Members and foster caregivers should not be charged for services.

There are no co-pays or down payments required. CMDP payments are considered payment in full to the health care providers.

ATTENTION:

CMDP <u>does not pay</u> for any medications prescribed by doctors from the Regional Behavioral Health Authorities (RBHA).

The CMDP Member ID card should not be used to pay for these medications. Please inform members and foster caregivers to tell the pharmacist that the RBHA is responsible for payment.

CMDP ID Cards

Member Services welcomes email requests for the member identification (ID) cards. Please provide the child's name, CMDP ID number, case manager or JPO/ADJC official's name and mailing address or site code.

The CMDP ID cards should be received within 5 days of enrollment notification by interoffice mail to the CPS offices. The AOC/JPO and ADJC agencies should receive them within a week to 10 days of enrollment notification through U.S. mail.

If you do not receive an ID card for a new member, or a replacement ID card within two weeks, please contact Member Services.

It is important to deliver the card to the foster caregivers immediately. Also please be sure to inform the caregivers, including relatives, that CMDP is the health plan for the foster child and to call Member Services with any questions or concerns regarding health care services.

Member Services' Email Addresses:

<u>Linda.knauss-cook@mail.de.state.az.us</u> <u>Rhonda.Cisneros@mail.de.state.az.us</u> <u>mirtha.moreno@mail.de.state.az.us</u>



Who Is Your Foster Child's PCP?

Please contact Member Services as soon as a Primary Care Provider (PCP) has been selected for each foster child member of CMDP. It is very important for CMDP to know who the PCP is in order to help with the member's medical care. If a member changes doctors, we will be able to track previous immunizations (shots) and medical conditions. Keeping this information current will avoid the repeating of services such as shots and lab testing with each new doctor.

CMDP can assist with Medical Case
Management needs by coordinating medical
services between the custodial agencies and
medical providers. Contact CMDP if you have
trouble locating members' immunization
records. Medical Services can access those
records from the Arizona State Immunization
Information System (ASIIS).

It is very important, for the health of the child that a positive relationship is developed between the medical provider, the caregivers and the custodial agencies.

Bilingual Helpline

The "Su Familia" National Hispanic Family Health Helpline is a toll-free service that connects Hispanic families with community health services and information. The phone number is 1-866-783-2645 or 866-SuFamilia. Su Familia helps callers get basic health information in Spanish and English to help prevent and manage chronic conditions. They can also be referred to local health providers and federally supported programs, such as the State Children's Health Insurance Program (SCHIP), known as KidsCare in Arizona.

Bilingual information specialists can give referrals to local health providers by using the zip code of the caller. The helpline provides basic health information, referrals to information sources or consumer-friendly bilingual Su Familia facts sheets. The fact sheets contain information on asthma, cancer screening, cardiovascular disease, child and adult immunizations, diabetes, domestic violence and HIV/AIDS.

Su Familia is supported by the U. S. Department of Health and Human Services' (HHS) Health Resources and Services Administration, and the HHS Office of Minority Health. The helpline was developed and is operated by the National Alliance for Hispanic Health. Help is available Monday through Friday, 9:00am to 6:00pm Eastern Standard Time.

Prescriptions Plus

CMDP's pharmaceutical benefits manager, Walgreen Health Initiatives (WHI) has added a new service for our members and their caregivers. Pharmacy prescriptions labels can now be translated into 8 different languages, Spanish, Russian, Mandarin Chinese, Polish, Vietnamese, French, Portuguese and English.

THE CMDP REVIEW

NOVEMBER 2003



Simply not understanding the prescription directions is among the many factors contributing to non-compliance. The United States of America, traditionally a melting pot, continues to have large numbers of people immigrating here from all over the world. Most do not arrive fluent in English. Many foster children are in relative placements, some of which may not speak or read English. Even if the child speaks English, the caregivers may not. This could lead to misinterpreting medication labels and instructions, with potentially drastic consequences. Compliance and understanding are important to patient health and reduced health care costs.

Vision Therapy; What the Experts Say

The American Academy of Pediatrics, the American Academy of Ophthalmology, and the American Association for Pediatric Ophthalmology and Strabismus put out a joint statement regarding Vision Therapy. "Vision problems are rarely responsible for learning difficulties. No scientific evidence exists for the effectiveness of eye exercises (vision therapy) or the use of special tinted lenses in the remediation of these complex pediatric development and neurological conditions."

The Hayes Medical Technology Directory has given vision therapy a C-D rating. The C rating is considered "investigational and or experimental". The D rating is considered "investigational and or experimental or not efficacious (effective) and or not safe". The Hayes Directory reviews new and existing technologies and concludes, "the evidence to support the efficacy of vision therapy for visual dysfunctions and dyslexia and other reading disabilities is generally of poor quality and inconclusive". Research has shown that the majority of children and adults with reading

difficulties experience a variety of problems with language that stem from altered brain function and that such difficulties are not caused by altered visual function. Currently, there is no scientific evidence that supports the view that correction of subtle eye defects can alter the brain's processing of visual stimuli.



The American Academy of Ophthalmology recommends that children who have learning disabilities should receive early comprehensive educational, psychological, and medical assessments; receive educational remediation combined with appropriate psychological and medical treatment; and avoid remedies involving eye exercises, filters, tinted lenses, or other optical devices that have no known scientific proof of efficacy.

Please contact CMDP Medical Services with any questions regarding Vision Therapy or contact Provider Services for registered Pediatric Ophthalmologists in your area.

CMDP Denials

CMDP Medical Services is committed to assuring that our members' medical needs are met. This includes authorizing medical services and coordinating each member's care and referrals necessary to achieve and maintain optimal health. As an Arizona Health Care Cost Containment System (AHCCCS) health plan, we must follow their policies and guidelines.

All medical decisions must be based on medical need. When a provider requests a service for a member, medical necessity documentation must accompany the request. Per AHCCCS guidelines, cosmetic or experimental services are not covered.

If we issue a denial for a service, the request has been processed through many levels. A request

THE CMDP REVIEW NOVEMBER 2003

starts with the Prior Authorization nurse. If questions exist, the request is elevated to the Medical Services Manager, who then may confer with the CMDP Medical Director. Only the Medical Director can deny a service.

A service is denied only after thorough research and communication with the requesting physician and or a physician expert in that field. If a service may pose potential harm to a child based on nationally recognized standards and guidelines, it will be denied. Recommendation for alternative services will be offered. The custodial agent for the member will receive notification of the denial with an explanation of how the decision was determined.

Contact Medical Services with any questions or concerns you may have regarding a service denial. Communication is the key to better care coordination

Behavioral Health

4

When a CMDP member is hospitalized for an inpatient psychiatric assessment and or services, notify CMDP by phone or by email to Mary Ferrero, Medical Services Manager or Annette Sims, Behavioral Health Manager. Please provide the member's name, DOB, CMDP identification number, and the hospital's name and phone number. CMDP will assist in coordinating the appropriate services for the member and participate in discharge planning.

If you have any questions, contact Annette Sims, by phone or email at 602-351-2245 or 1-800-201-1795, ext. 7009.

Rapid Response

As of August 15, 2003, the Arizona Department of Health Services (ADHS) has implemented a policy revision concerning the timeliness of services by the Regional Behavioral Health Authorities (RBHA). The RBHA should now respond to "Urgent" referrals on new children in the CPS system within 24 hours of notification

that they are or will be removed from their home. RBHA services do not depend upon Title XIX (Medicaid) eligibility. The RBHA will not complete a comprehensive assessment during this time, but will assess for the immediate needs of the child and provide services if the need is identified.

The RBHA should respond in a timely manner, according to the following timeframes:

Immediate responses should be initiated without delay, but no later than two hours from the initial identification of need.

Urgent responses must be initiated no later than 24 hours upon notification by DES/CPS that a child has been, or will be removed from their home. RBHA services do not depend upon Title XIX eligibility.

Routine responses are initiated with timeframes indicated by the child's clinical needs. An assessment for services is initiated within 7 days of a referral for a Title XIX and Title XXI eligible child.

This revision does not affect CMDP current procedures. If you have any questions, contact the CMDP Behavioral Health Coordinators.



CMDP MEMBER SERVICES: *602-351-2245* *1-800-201-1795*